FORM G-73

A - 333473

x

705-12-2357

JUN 5 [illegible]

Nixon Paul Eugene

March 12, 1888

March 11, 1953

Baltimore & Ohio Railroad Company

MPK January 1, 1947

Hostler Cumberland, Maryland

x

x

mml

C-50
(1-1)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

JUN 5 1947

Mr. W.M. Kennedy, Superintendent
Relief Department
Baltimore & Ohio Railroad Company
Baltimore & Charles Streets
Baltimore 1, Maryland

In reply refer to
Claim No. A - 333473

Dear Sir:

An application for a disability annuity has been filed by Paul Eugene Nixon formerly employed by the Baltimore & Ohio Railroad Company as a hostler at Cumberland, Maryland.
His last day of compensated carrier service is shown as January 1, 1947.

In order that an equitable determination may be made as to whether the applicant is entitled to a disability annuity, it is essential that a complete and adequate report of his physical condition be obtained.

Accordingly, it will be appreciated if you will return the enclosed Form No. G-164 properly completed. Also enclosed is authorization for this information.

Your cooperation in this matter will expedite the adjudication of this claim.

Yours very truly,

John W. Callender
Director of Retirement Claims

Enclosures:
Form G-164
Form C-30
JK/MPK

RL-124
(1-7)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

JUN 5 1947

BUREAU OF RETIREMENT CLAIMS

Mr. Paul Eugene Nixon
23 Grand Avenue
Cumberland, Maryland

In reply refer to
R.R.B. No. A - 333473

Dear Sir:

Please furnish the following document(s) in connection with your application for benefits:

Birth Date Evidence

The instructions printed on the back of this letter are for the purpose of aiding you in furnishing the document(s) listed above. ANY DOCUMENT DESCRIBED ON THE BACK OF THIS LETTER THAT IS NOT LISTED ABOVE SHOULD NOT BE FURNISHED. *Please follow the instructions carefully so that your claim may be handled without delay.*

If any questions arise concerning your claim, you may write to this office or, if convenient, call at any one of the field offices shown on the enclosed list.

Yours very truly,

John W. Callender
Director of Retirement Claims

Enclosures
T-83
RB-1
JK/MPK

FORM APPROVED
BUDGET BUREAU NO. 70-R047.1

FORM NO. G-88a
(10-6)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYER'S SUPPLEMENTAL REPORT OF SERVICE AND COMPENSATION

CLAIM NO. (IF ASSIGNED) a-33-3473

SOCIAL SECURITY ACCOUNT NO. 705-12-2357

THIS SIDE TO BE COMPLETED BY THE EMPLOYER

QUARTERLY REPORTERS – REPORT THE LAST TWO COMPLETED CALENDAR QUARTERS AND THE CURRENT QUARTER THROUGH DATE OF LAST COMPENSATED SERVICE.

ANNUAL REPORTERS – IF PREPARED BEFORE JUNE 1, REPORT THE LAST COMPLETED CALENDAR YEAR AND THE CURRENT CALENDAR YEAR THROUGH DATE OF LAST COMPENSATED SERVICE.
IF PREPARED AFTER MAY 31, REPORT ONLY THE CURRENT CALENDAR YEAR THROUGH DATE OF LAST COMPENSATED SERVICE.

ALLOWANCES & ADJUSTMENTS – REPORT ANY ALLOWANCES OR ADJUSTMENTS PAID AFTER DATE OF LAST SERVICE IN SECTION IV.

SECTION I EMPLOYER

The Baltimore & Ohio Railroad Co.

SECTION II EMPLOYEE IDENTIFICATION

NAME	DATE LAST WORKED	OCCUPATION
Paul Eugene Nixon	1-17-47	Hostler
		LOCATION Cumberland Md.
PAYROLL NAME	DATE RIGHTS RELINQUISHED	DIVISION
Paul E. Nixon	Disabled	Cumberland
		DEPARTMENT M P

SECTION III COMPENSATION

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
1947	97.45												97.45

SECTION IV ALLOWANCE OR ADJUSTMENT NOT INCLUDED IN SEC. III

PERIOD COVERED FROM	PERIOD COVERED TO	AMOUNT	REASON FOR PAYMENT

REMARKS

SECTION V CERTIFICATION

CERTIFICATION BY EMPLOYEE'S SUPERVISOR OR BY NATIONAL REPORTING OFFICER OF LABOR ORGANIZATION

SUPERVISOR OF EMPLOYEE: THE ENTRIES IN SECTION II OF THIS REPORT ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NATIONAL REPORTING OFFICER: THIS REPORT IS RENDERED BY THE PROPER LOCAL LODGE OFFICER.

SIGNATURE H E Deepmark

TITLE Lodge Master Mechanic

DATE 5-29-47

CERTIFICATION BY RETIREMENT CONTACT OFFICIAL OR BY LOCAL LODGE OFFICER OF LABOR ORGANIZATION

THE INFORMATION FURNISHED IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THE COMPENSATION SHOWN HEREIN, TOGETHER WITH ANY COMPENSATION PREVIOUSLY REPORTED, DOES NOT EXCEED $300 FOR ANY CALENDAR MONTH.

SIGNATURE H H Shakespeare

TITLE ASST. TO SUPERINTENDENT RELIEF DEPARTMENT

DATE JUN 7 - 1947 *UNIT

* IF THIS REPORT IS BY A LOCAL LODGE OFFICER OF A LABOR ORGANIZATION, IDENTIFICATION OF LOCAL LODGE UNIT SHOULD BE FURNISHED.

NOTE: SHOULD THIS EMPLOYEE RETURN TO COMPENSATED SERVICE THE BOARD SHOULD BE NOTIFIED IMMEDIATELY.

130

FORM APPROVED
BUDGET BUREAU NO. 70-R047.1

FORM NO. G-88a
(10-6)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

EMPLOYER'S SUPPLEMENTAL REPORT OF SERVICE AND COMPENSATION

CLAIM NO. (IF ASSIGNED) a-33 3473

SOCIAL SECURITY ACCOUNT NO. 705-12-2357

THIS SIDE TO BE COMPLETED BY THE EMPLOYER

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IF PREPARED AFTER MAY 31, REPORT ONLY THE CURRENT CALENDAR YEAR THROUGH DATE OF LAST COMPENSATED SERVICE.

ALLOWANCES & ADJUSTMENTS – REPORT ANY ALLOWANCES OR ADJUSTMENTS PAID AFTER DATE OF LAST SERVICE IN SECTION IV.

SECTION I — EMPLOYER

The Baltimore & Ohio Railroad Co.

SECTION II — EMPLOYEE IDENTIFICATION

NAME: Paul Eugene Nixon

DATE LAST WORKED: 1-17-47

OCCUPATION: Hostler

LOCATION: Cumberland Md.

PAYROLL NAME: Paul E. Nixon

DATE RIGHTS RELINQUISHED: Disabled

DIVISION: Cumberland

DEPARTMENT: M P

SECTION III — COMPENSATION

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
1947	97.45												97.45

SECTION IV — ALLOWANCE OR ADJUSTMENT NOT INCLUDED IN SEC. III

PERIOD COVERED FROM	PERIOD COVERED TO	AMOUNT	REASON FOR PAYMENT

REMARKS

SECTION V — CERTIFICATION

CERTIFICATION BY EMPLOYEE'S SUPERVISOR OR BY NATIONAL REPORTING OFFICER OF LABOR ORGANIZATION

SUPERVISOR OF EMPLOYEE: THE ENTRIES IN SECTION III OF THIS REPORT ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NATIONAL REPORTING OFFICER: THIS REPORT IS RENDERED BY THE PROPER LOCAL LODGE OFFICER.

SIGNATURE H E Deepman

TITLE Lodge Master Mechanic

DATE 5-29-47

CERTIFICATION BY RETIREMENT CONTACT OFFICIAL OR BY LOCAL LODGE OFFICER OF LABOR ORGANIZATION

THE INFORMATION FURNISHED IN THIS REPORT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THE COMPENSATION SHOWN HEREIN, TOGETHER WITH ANY COMPENSATION PREVIOUSLY REPORTED, DOES NOT EXCEED $300 FOR ANY CALENDAR MONTH.

SIGNATURE W Shakespeare

TITLE ASST. TO SUPERINTENDENT RELIEF DEPARTMENT

DATE JUN 7 - 1947 *UNIT

* IF THIS REPORT IS BY A LOCAL LODGE OFFICER OF A LABOR ORGANIZATION, IDENTIFICATION OF LOCAL LODGE UNIT SHOULD BE FURNISHED.

NOTE: SHOULD THIS EMPLOYEE RETURN TO COMPENSATED SERVICE THE BOARD SHOULD BE NOTIFIED IMMEDIATELY.

RETURN TO:

- ☐ CLAIMS FILES UNIT OFFICE OF SUPPLY AND SERVICE
- ☒ DIVISION OF ANNUITY CLAIMS
- ☐ DIVISION OF SURVIVORS CLAIMS
- ☐ POST ADJUDICATION SECTION

FORM NO. G-73
(11-6)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

STATEMENT OF SUBSEQUENT SERVICE AND EARNINGS

CLAIM NO.
A - 333473

SOCIAL SECURITY ACCOUNT NO.
705-12-2357 ok

DATE PREPARED
JUN 5 1947

NAME OF EMPLOYEE
Nixon (LAST) Paul ok (FIRST) Eugene (MIDDLE)

DATE OF BIRTH
March 12, 1888

NAME OF LAST EMPLOYER(S)
ANNUAL REPORTER
Baltimore & Ohio Railroad Company 1302 MPK

DATE ATTAINED AGE 65
March 11, 1953

DATE LAST WORKED
January 1, 1947

LAST OCCUPATION	LAST PLACE OF EMPLOYMENT	LAST I.C.C. CODE NUMBER
Hostler	Cumberland, Maryland	109

☒ INITIAL REQUEST

AMENDED REQUEST: ☐ FULL CERTIFICATION ☐ ITEM(S) ONLY

INFORMATION REQUIRED

1. ☒ SERVICE AND COMPENSATION THROUGH PERIOD ENDED current
(END OF 65TH BIRTH YEAR, OR MONTH OF RETIREMENT, WHICHEVER IS EARLIER)
(a) SERVICE MONTHS 117
(b) COMPENSATION $ 22,221.70

2. ☐ SERVICE BY MONTHS FOR THE 12 MOST RECENT MONTHS OF SERVICE

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
19													
19													
19													
19													

3. ☐ OCCUPATION FOR LAST FIVE CALENDAR YEARS

19	19	19	19	19

THIS REPORT COVERS SERVICE AND COMPENSATION THROUGH dec 46 19___

REMARKS:

CHECKED BY	DATE
SN	6/10/47
REVIEWED BY	DATE

I CERTIFY THAT THE SERVICE AND CREDITABLE COMPENSATION ENTERED ABOVE ARE THOSE OF THE INDIVIDUAL NAMED AND IDENTIFIED IN THIS FORM, AND ARE CORRECT ACCORDING TO THE RECORDS OF THIS BUREAU. ALL COMPENSATION INCLUDED IN THIS CERTIFICATION HAS BEEN REPORTED AS EARNED IN THE SERVICE OF AN EMPLOYER UNDER THE ACT.

JUN 10 1947
DATE

A. Nelson
FOR DIRECTOR, WAGE AND SERVICE RECORDS

Paul E Tripson
23 Grand ave
Cumberland
Md

CUMBERLAND, MD.
JUN 3
6 P.M.
STA. A

3

Rail Road Retirement Board
844 Rush St
Chicago - 11 Illin

JAMES F. [illegible] PRESIDENT
154 R[illegible]DAD
WESTERN[illegible], MD.

HAROLD A. POWELL
706 LAFAYETTE AVE.
CUMBERLAND, MD.

STANLEY O. HAMILTON
1 WAVERLY TERRACE
CUMBERLAND, MD.

EDWARD J. RYAN, ATTORNEY
LIBERTY TRUST BUILDING
CUMBERLAND, MD.

THOMAS E. STEPHENS, MESSENGER
MT. SAVAGE, MD.

Board of Supervisors of Elections of Allegany County

~~LAWRENCE A. HEWITT, CLERK~~
~~241 NEW HAMPSHIRE AVE.~~
Cumberland, Maryland

OFFICE OF CLERK

Date June 10 - 1947

TO WHOM IT MAY CONCERN:

This is to certify that Paul E Nixon is a registered voter in Precinct 3, District 4, of Allegany County, Maryland. The Registration books for this County show the following with reference to .

Name Paul E Nixon

Residence 23 Grand Ave

Post Office Address Cumberland

Sworn Age 26

Nativity W. Virginia

Color White

Time of residence in Precinct 15 Yrs County 15 Yrs State 15 Yrs

Native Yes

Date of Application 1914 Oct 7

Very truly yours,

~~Lawrence A. Hewitt~~, Clerk.

Paul Eugene Nixon
23 Grand ave
Cumberland
Md

Form 101 7-41

Claim No A 333473

FORM G-163 5M 4-45 PRINTED IN U.S.A. 15

Brotherhood of Locomotive
Firemen and Enginemen
Cleveland 15, Ohio

W. E. JONES
GENERAL SECY.-TREAS.

6-49 tt H

June 11, 1947

TO WHOM IT MAY CONCERN:

I, W. E. JONES, General Secretary and Treasurer of the Brotherhood of Locomotive Firemen and Enginemen do hereby certify that I am custodian of the records of said Brotherhood and find upon examination of the application of PAUL E. NIXON that he was admitted to membership in the organization on June 3, 1919 and set forth on his application that he was born on March 12, 1888.

W. E. Jones

WITNESSES:

W R Carr

A. Kormos

SEAL

Paul Eugene Nixon
23 Grand ave
Cumberland

Claim no A333473 Md

JUL 23 1947

Mr. W. M. Kennedy, Superintendent,
Relief Department
The Baltimore and Ohio Railroad Company
Baltimore and Charles Streets
Baltimore 1, Maryland

In reply refer to
R.R.B. No. A-33473

Dear Sir:

On June 5, 1947 we requested completion of Form G-164 in connection with the application for a disability annuity filed by Mr. Paul Eugene Nixon who last worked for your company on January 17, 1947 as hostler in the M. P. Department at Cumberland, Maryland.

Our form letter C-50 was returned with the notation that the applicant had been examined by Dr. William B. Baker, Medical Examiner at Cumberland, Maryland on May 28th, and that Form G-164 was forwarded to us with a letter dated June 2, 1947. We have made a thorough search of our files and have been unable to locate Form G-164. Will you, therefore, be kind enough to make a copy of Form G-164 and forward it to this office.

Your assistance in this matter will be appreciated.

Very truly yours,

John W. Callender
Director of Retirement Claims

Enclosures
G-164
C-30

MMuser:LLindquist
July 22, 1947

HE BALTIMORE AND OHIO RAILROAD COMPANY

RELIEF DEPARTMENT

BALTIMORE, 1, MD.

FULLER NANCE, M. D.
MEDICAL AND SURGICAL DIRECTOR
S. M. ENGLISH, M. D.
ASST. TO MEDICAL AND SURGICAL DIRECTOR

T

REFER TO FILE NO. Cf. No. 199426

July 29th, 1947.

Callender,
Retirement Claims,
tirement Board,
reet,
Ills.

a-333473

eferring to your letter of the 23rd instant, in which
nat after a thorough search of your files, you have been
ocate Form G-164 sent you with my letter of June 2nd.,
on with application for disability annuity filed with
ent Board by Paul E. Nixon, your Claim No. 333473.
ce with your request, we are enclosing, herewith, copy
m which we had retained for our files, and which bears
res of both the applicant and our Medical Examiner.
e a typewritten copy for our files, which will serve

Very truly yours,

Fuller Nance

Medical & Surgical Director.

RRB FORM G-367 (3-6)

ESTABLISHMENT OF PRIOR SERVICE AND OTHER BASIC DATA FOR AWARDS UNDER ACT OF 1937

NAME

LAST (50-61) FIRST (64-67) MIDDLE (73)

ADDRESS

CLAIM NO. (1-6) A-353473

S.S.A. NO. (1-9) 705-12-2357

DATE OF BIRTH ESTABLISHED ____ NO ☐

1. SERVICE PRIOR TO JANUARY 1, 1937

	AA-2P'S RELEASED	AA-2P'S RECEIVED	NAME OF EMPLOYER	TOTAL MONTHS CREDITED	TOTAL C MONTHS	M MONTHS BY PERIODS EMP. NO.	M	5% OR CLAIMED ABSENCE	NET
1			Balto + Ohio RR Co.	400'	371'		30'	1'	29'
2									
3									
4									
5									
6									
7									
•			TOTAL SERVICE PRIOR TO 1-1-37	400					

2. COMPUTATION OF AVERAGE COMPENSATION

		MONTHS	EQUIVALENT YEARS	EQUIVALENT MONTHS	CRED. MONTHS	COMPENSATION	AVERAGE
						166053.30	172.97
1	TEST PERIOD	96				$ 166053	$ 172.97
2	SERVICE PRIOR TO JANUARY 1, 1937 ADJUSTED	242					
3	PERIOD JANUARY 1 TO JUNE 30, 1937, OR IF LATER, THROUGH MONTH OF ATTAINMENT OF AGE 65— 1953 year	118				$ 22319.15	
4	TOTAL EMPLOYER SERVICE	360	30	—	360	(WEIGHTED)	$ 178.27
5	MILITARY SERVICE CREDITED						
6	TOTAL SERVICE PERIOD						
7	MILITARY SERVICE USED FOR OTHER BENEFITS						
8	TOTAL, EXCLUDING ITEM 7						
9	DIFFERENCE BETWEEN ITEMS 6 AND 8						
10	PERIOD AFTER LAST DATE IN ITEM 3					$	
11	PERIOD OF OPTIONAL AVERAGE						$

ESTABLISHMENT OF PRIOR SERVICE RECORD

ADJUDICATOR: Pm Ramey DATE: 8/11/47 COMPUTER: 871 VERIFIER: DT

COMPUTATION OF ANNUITY

COMPUTER: DT VERIFIER: MH

3. DISPOSITION

DISP'N	DATE
12	14-17
(1)	(2)

4. STATISTICAL DATA

RACE AND SEX	DATE OF BIRTH	OCCUPATION 8-29-35
28	29-31	32-34

EMPLOYER 8-29-35	BASIS OF ER DET.	D.L.W. PRIOR 8-29-35	PS AFTER 8-29-35
35-38	39-40	41-42	43

5. TOTAL SERVICE

(FOR USE ONLY IN ESTABLISHMENT OF PRIOR SERVICE)

SUBSEQUENT SERVICE	
TOTAL PRIOR AND SUBSEQUENT SERVICE	
SOURCE OF SUBSEQUENT SERVICE	INITIALS

REMARKS

(4)

RL-5a
(3-1)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

SEP 5 1947

Mr. W. M. Kennedy, Supertendent Relief Department
Baltimore and Ohio Railroad Company
Baltimore and Charles Streets
Baltimore 1, Maryland

In reply refer to
Claim No. A-333473
S.S.A. No. 705-12-2357

Dear Sir:

This is to advise that effective March 27, 1947 , the person whose name appears below and whose last employer service was rendered your company has, in accordance with the provisions of the Railroad Retirement Act, been awarded a full annuity under Section 2(a) Sub-Section 4(i).

Name	Paul Eugene Nixon	Last Occupation	Hostler
Address	23 Grand Avenue Cumberland, Maryland	Location or Division	Cumberland, Maryland Cumberland
		Date of Last Service	January 17, 1947

The Railroad Retirement Board should be immediately notified if at any time this annuitant returns to compensated service for your company.

Yours very truly,

John W. Callender
Director of Retirement Claims

jf

RL-63c
(1-7)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

SEP 5 1947

Mr. Paul Eugene Nixon
23 Grand Avenue
Cumberland, Maryland

In reply refer to
Claim No. A-333473

Dear Sir:

You have been found to be disabled for work in your regular occupation and have been awarded an annuity under section 2(a) 4 of the Railroad Retirement Act of 1937 at the rate of $ 83.48 a month. This amount is based on 30 and 0/12 years of service and monthly compensation of $ 178.27.

The beginning date of your annuity is March 27, 1947 and the first check you will receive will be for $ 428.53 covering the amount due from that date through August 31, 1947 . Thereafter, payments will be mailed to reach you about the first of each month and will cover the annuity for the preceding month.

There are enclosed a certificate of annuity and a leaflet giving the formula for computing annuity awards. If any questions arise concerning your annuity, you may write to this office or, if convenient, call at any of the offices shown on the enclosed list.

Please refer to the other side of this letter for the conditions under which this annuity is not payable and for other important information.

Very truly yours,

John W. Callender
Director of Retirement Claims

Enclosures:
Certificate of Annuity
RXXX RB-6
T-83
jf

CONDITIONS UNDER WHICH THIS ANNUITY IS NOT PAYABLE

This annuity is not payable for any month in which you perform compensated service (other than service for a local lodge or division of a national railway labor organization for which you earn less than $3.00 a month) for:

(1) any employer covered by the Railroad Retirement Act;

(2) the last person or company, whether or not an employer covered by the Railroad Retirement Act, for whom you worked before the beginning date of your annuity;

(3) any person or company with whom you held, on the beginning date of your annuity, rights to return to service; or

(4) any person or company for whom you ceased work in order to have your annuity begin.

If you receive an annuity check for any month in which such service was performed, you should return the check to the

Treasury Department, Division of Disbursement
Merchandise Mart
Chicago 54, Illinois

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY IF ANY OF THE FOLLOWING EVENTS OCCUR

(1) You perform any service described above, or if you perform any other work for pay which is substantial or engage in self-employment. (State the name of your employer, if any, the nature of the work, the number of hours employed on a daily or monthly basis, and the amount of your monthly earnings.)

(2) You recover from your disability before you attain age 65.

PROOF OF CONTINUANCE OF DISABILITY REQUIRED

Proof of the continuance of your disability may be requested periodically until you attain age 65.

RIGHT TO APPEAL

You have a right to appeal to the Appeals Council of the Board if you do not agree with the decision on your claim. An appeal must be submitted on the form provided by the Board and must be filed with the Appeals Council within one year from the date of this letter. An appeal form is deemed to be filed with the Appeals Council on the date that it is received at an office of the Board.

CHANGE OF ADDRESS

In order to be sure of receiving your check promptly each month, you should immediately notify the Railroad Retirement Board if you change your address. The notice should show your old address and the new address to which the checks are to be sent and should be signed by you personally in the same manner in which you signed your application.

ALWAYS GIVE CLAIM NUMBER WHEN WRITING ABOUT YOUR CLAIM

FORM NO. UI-60b
(9-2)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

COMPARISON OF ANNUITY PAYMENT AND BENEFITS

NAME		A- 333473
PAUL E. NIXON		
SOCIAL SECURITY ACCOUNT NO.	REGION	
705-12-2357	2 - New York	

ACCRUAL DATE OF ANNUITY	COMPARISON FOR PERIOD PRIOR TO 1940 AMENDMENTS	
3-27-47	1. FIRST DAY OF UNEMPLOYMENT FOR WHICH BENEFITS WERE PAID ON OR AFTER ACCRUAL DATE AND IN A HALF-MONTH BEGUN BEFORE NOVEMBER 1, 1940.	DATE
MONTHLY ANNUITY: 83.48	2. LAST DAY FOR WHICH BENEFITS PAID IN LAST HALF-MONTH BEGUN PRIOR TO NOVEMBER 1, 1940.	DATE
TYPE OF ANNUITY: Disability	3. ANNUITY FROM ACCRUAL DATE TO THE DATE IN ITEM NO. 2.	$
	4. BENEFITS FROM DATE IN ITEM NO. 1 TO DATE IN ITEM NO. 2. (LIST ON REVERSE SIDE IF EQUAL TO OR LESS THAN AMOUNT IN ITEM NO. 3)	$ None

COMPARISON FOR PERIOD SUBSEQUENT TO 1940 AMENDMENTS

PERIOD		DAILY BENEFIT RATE	DAYS OF UNEMPLOYMENT		APPORTIONABLE		BENEFITS		RECOVERABLE UNDER SECTION 4(a)(v)	COMP. DAYS	RECLASS.
FROM 1947	TO 1947		TOTAL	FROM ACCRUAL	BENEFITS	ANNUITY	PAYABLE FOR REGISTRATION PERIOD	PAID FOR REGISTRATION PERIOD			
8-18	9-1	4.00		14	28.0000	38.9573	--	28.00	28.00	-	77.6

5. RECOVERABLE UNDER SECTION 4(a)(v) (LIST ON REVERSE SIDE)	$	28.00
6. AMOUNT OF ERRONEOUS PAYMENTS (LIST ON REVERSE SIDE)	$	None
7. TOTAL TO BE SET OFF AGAINST ANNUITY S	$	28.00

PREPARED BY	REVIEWED BY	CERTIFYING OFFICER
Jaeger	A A Schwartz	M Smeuck
DATE 9/20/47	DATE 9/20/47	DATE 9-19-47

LIST FOR AMOUNTS SHOWN IN ITEMS NO. 4, 5, AND 6 ON FRONT

DATE		CHECK NUMBER	PAYMENT LIST NUMBER	D.O. VOUCHER NUMBER	AMOUNT		
BEGINNING	ENDING				ITEM 4	ITEM 5	ITEM 6
8-19-47	9-1-47	37740800	613	2-183954		28.00	

FORM NO. G-356 - REVISED (12-6)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

NOTICE OF AWARD OF ANNUITY UNDER RAILROAD RETIREMENT ACT OF 1937, AS AMENDED

FORM PRESCRIBED BY COMPTROLLER GENERAL, U.S. DECEMBER 10, 1946

FOR USE OF OFFICE OF DIRECTOR OF RESEARCH

3. ACT	3	9. OCC.	169-13
4. S-R	0	11. BIRTH	88
5. STATE	18	12. AGE	59
6. EMP.DLW.	0147-0	13. CAUSE	7
8. EMP. NO.	1302	14. E. R.	9

CLAIM NO. A-333473

SOCIAL SECURITY ACCOUNT NO. 705-12-2357

ADMINISTRATIVE VOUCHER NO. 97119

ITEM	DATE	ITEM	DATE
ANNUITY APPLICATION FILED	5-27-47	BIRTH OF EMPLOYEE	3-12-88
LAST SERVICE	1-17-47	BIRTH OF SPOUSE	
ALL EMPLOYEE RIGHTS RELINQUISHED	—	DEATH OF EMPLOYEE	
ANNUITY BEGINS	3-27-47	DEATH BENEFIT APPLICATION FILED	

NAME OF EMPLOYEE Same SEP 4 1947

☑ FINAL CERTIFICATION
☐ SUBJECT TO RECERTIFICATION

REASON _____

NAME AND ADDRESS OF PAYEE Paul Eugene Nixon
23 Grand Ave.
Cumberland Maryland.

ON THE BASIS OF AN APPLICATION FOR BENEFITS UNDER THE RAILROAD RETIREMENT ACT OF 1937, AS AMENDED, AND DECISIONS UPON ISSUES OF LAW AND FACT, CERTIFICATION UNDER SECTION 2(a)(1) OF THAT ACT HAS BEEN MADE FOR PAYMENT TO THE ANNUITANT, OR TO HIS FIDUCIARY, OR TO HIS BENEFICIARY, IDENTIFIED ABOVE, IN THE AMOUNTS SHOWN IN ITEMS 9 AND 14 OF THE FOLLOWING STATEMENT. *(INSERT THE WORD "NONE" FOR ITEMS NOT APPLICABLE.)*

1. WAS PERMANENT DISABILITY ESTABLISHED FOR REGULAR OCCUPATION? Yes FOR REGULAR EMPLOYMENT? —
2. TOTAL YEARS OF SERVICE 30 [ACTUAL TOTAL YEARS OF SERVICE 9 INCLUDING ____ YEARS OF MILITARY SERVICE.] 189.
3. MONTHLY COMPENSATION [FACTOR 2.78 27] 178. $ 178.27
4. NORMAL ANNUITY (AS PROVIDED BY SEC. 2(a) OF THE ACT) 120. $ 93.48
5. MINIMUM ANNUITY [CC ☑ S-5 ☑] (AS PROVIDED IN SEC. 3(e) OF THE ACT) 3000 $ none
6. NET ANNUITY (180 DEDUCTED FROM ITEMS 4 OR 5) 3 $ none
7. REDUCED ANNUITY [RATIO ____ % $ ____] ($ ____ DEDUCTED FROM ITEM ____ BECAUSE OF MILITARY SERVICE TOTALING ____ YEARS AND ____ MONTHS USED IN THIS AWARD FOR WHICH OTHER BENEFITS OF $ ____ ARE PAYABLE) 00. 08348. $ none
8. JOINT AND SURVIVOR OPTION none (AS PROVIDED BY SECTION 4 OF THE ACT) 0347. $ none
   8a. AGE OF APPLICANT ____ [____ %] 08348. $ none
   8b. AGE OF SPOUSE ____ [____ % $ ____]
9. MONTHLY AMOUNT PAYABLE (ENTER 4, 5, 6, 7, OR 8, WHICHEVER IS APPLICABLE) 0 $ 93.48
10. ON THE ____ DAY OF ____, 19____ THE ____ COURT APPOINTED ____ AS ____ OF ____ WHOSE DOMICILE IS ____ AND SUCH APPOINTMENT IS STILL IN FULL FORCE AND EFFECT.

REMARKS: 20.

	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	14. NET AMOUNT NOW PAYABLE
11. PAYABLE BY THIS CERTIFICATION	$ 93.48	3-27-47	5-31-47	5 3/30	$ 428.53	
12. LESS PREVIOUS PAYMENTS PREVIOUS D.O. VOUCHER NUMBER:	$				$	
13. ADJUSTMENTS					$	$ 428.53

ADJUDICATOR [signature]

COMPUTER [signature] 8-21-1947

I, THE UNDERSIGNED OFFICER OF THE RAILROAD RETIREMENT BOARD, DULY AUTHORIZED UNDER SEC. 10(b)5 OF THE RAILROAD RETIREMENT ACT OF 1937 TO MAKE DECISIONS ON APPLICATIONS FOR ANNUITIES, DO HEREBY PRONOUNCE THE FOREGOING STATEMENTS AS MY DECISION OF FACT AND LAW, AND FIND THAT THE PAYEE IS ENTITLED TO THE AMOUNTS AS SHOWN IN ITEMS 9 AND 14.

DATE AUG 21 1947, 19____. SIGNATURE M. J. Stanahan
AUTHORIZATION OFFICER

CLAIMS FOLDER COPY

FORM NO. G-96
(9-5)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
TERMINATION OF ANNUITIES IN FORCE

DATE: November 7, 1947

RRB CLAIM NO.: A-333473

SSA NO.: 705-12-2357

(FOR USE OF OFFICE OF DIRECTOR OF FINANCE)

NAME AND ADDRESS OF PAYEE

Paul E. Nixon
23 Grand Avenue
Cumberland, Maryland

EMPLOYER'S NAME

REASON FOR SUSPENSION

Recovery of U. I. Benefits VO 97119

EFFECTIVE DATE

November 1, 1947

AUTHORITY FOR SUSPENSION

Form UI-60b

PREPARED BY (INITIALS)

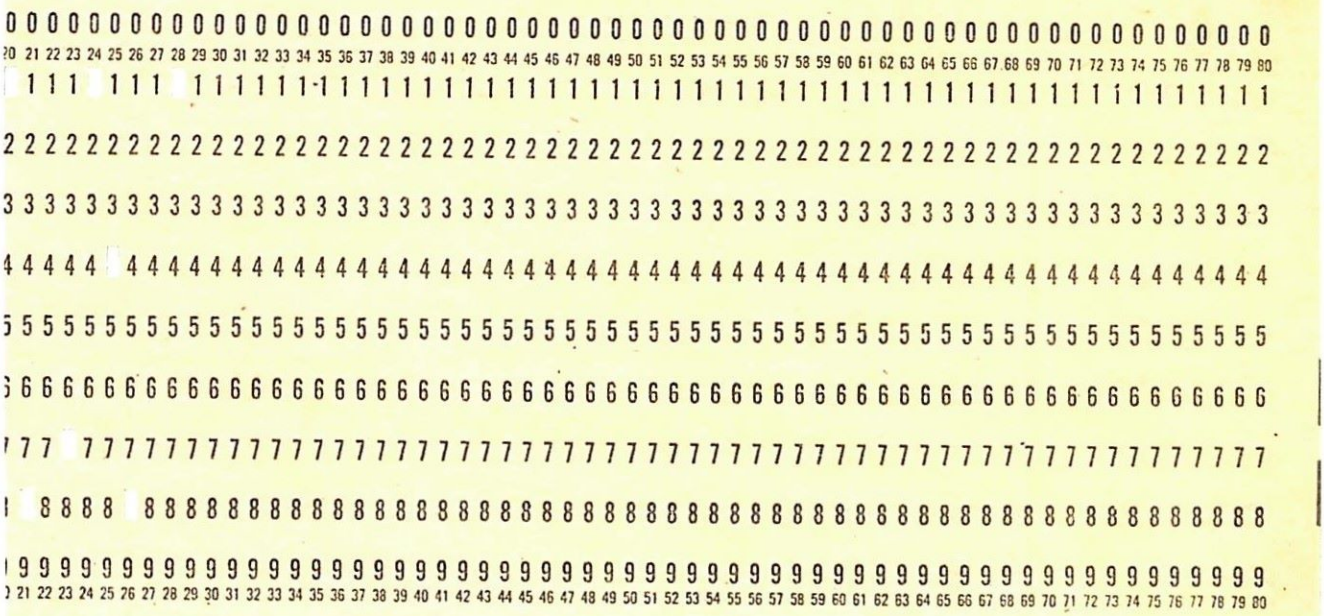
Post Adj.
(ORGANIZATION UNIT)

PLATE IMPRESSION

THE RAILROAD RETIREMENT BOARD HAS BEEN INFORMED OF THE DEATH OF THE INDIVIDUAL NAMED HEREON, WHOSE RECORD INDICATES THAT HE PERFORMED HIS LAST COMPENSATED SERVICE FOR YOU.

DIRECTOR OF FINANCE

A 333473 08348 10018 7148 J



	DATE	RRB CLAIM NO.
	November 7, 1947	A-333473
D FORCE	SSA NO. 705-12-2357	(FOR USE OF OFFICE OF DIRECTOR OF FINANCE)

EMPLOYER'S NAME

REASON FOR SUSPENSION

Recovery of U. I. Benefits VO 97119

EFFECTIVE DATE

November 1, 1947

A. Leary — Post Adj.

PREPARED BY (INITIALS) — (ORGANIZATION UNIT)

THE RAILROAD RETIREMENT BOARD HAS BEEN INFORMED OF THE DEATH OF THE INDIVIDUAL NAMED HEREON, WHOSE RECORD INDICATES THAT HE PERFORMED HIS LAST COMPENSATED SERVICE FOR YOU.

A-333473

FILE ONL

FORM NO. G-66
(5-4)
Form prescribed by
Comptroller General, U. S.
February 9, 1945

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

REINSTATEMENT AND TRANSFER SHEET

REASON PAYMENTS WERE SUSPENDED	(CHECK)
GUARDIAN APPOINTED	
DEATH OF PAYEE	
INCOMPETENCY OF PAYEE	
UNCLAIMED CHECK	
INELIGIBLE	
NAME CHANGE	
OTHER: (SPECIFY) Recovery of sickness benefits under the RUIA.	X

CLAIM NO. A-333473

SOC. SEC. ACCT. NO. 705-12-2357

DATE DEC 1 - 1947

R.C. VOUCHER NO.

ADM. VOUCHER NO. 127231

PAYMENT TO BE DRAWN IN FAVOR OF (NAME AND ADDRESS)

Mr. Paul E. Nixon
23 Grand Avenue
Cumberland, Maryland

NAME OF LAST EMPLOYER

The Baltimore and Ohio Railroad Company

REINSTATEMENT OF PAYMENTS

	MO. RATE	FROM	TO	NO. MOS.	AMOUNT	NET AMOUNT NOW PAYABLE
PAYABLE BY THIS CERTIFICATION	$ 83.48	11-1-47	11-30-47	1	$ 83.48	
LESS PREVIOUS PAYMENTS PREVIOUS D.O. VOU. NO:	$				$	
ADJUSTMENTS		Erroneous Payment			$ 28.00	$
		Treasurer of the United States				28.00
		Net Payment				55.48

SV-7200-362-S.

REMARKS

According to Form No. UI-60b the annuitant was paid sickness benefits during August 19, 1947 to September 1, 1947, which was after his annuity began to accrue. Accordingly, the sickness benefits in the amount of $28.00 are erroneous, and must be recovered.

Payments may be reinstated effective November 1, 1947.

PREPARED BY

Fern Folsom — Cl Exam
(NAME) (TITLE)

DATE NOV 17 1947

APPROVED

George E. Ingram
AUTHORIZATION OFFICER

DATE NOV 19 1947

FORM NO. G-107
(2-7)
UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

STATISTICAL SUMMARY FOR EMPLOYEE ANNUITY

ADMINISTRATION VOUCHER NO. 127231.

DATE

NO.	FIELD	DATA	NO.	FIELD	DATA	NO.	FIELD	DATA
1	IDENTIFICATION		11	YEAR OF BIRTH	88.	21	TYPE OF SERVICE	3.
2	CLAIM NUMBER	333473.	12	AGE AT ACCRUAL	59.	22	MONTHS OF CUT-BACK	00
3	ACT	3.	13	CAUSE OF RETIREMENT	7.	23	SINGLE-LIFE ANNUITY	08348.
4	SEX-RACE	0	14	EMPLOYMENT RELATION	9.	24	ACCRUAL DATE	0347.
5	STATE	18.	15	ACCOUNTING MONTH OF CERTIFICATION	47.	25	ACTUAL ANNUITY	08348.
6	DATE LAST WORKED	0147.	16	ACCOUNTING MONTH OF TERMINATION		26	OPTION	0.
7	NON-COVERED EMPLOYMENT	0	17	AVERAGE SUBSEQUENT COMPENSATION	189.	27	AGE OF SPOUSE	X.
8	LAST COVERED EMPLOYER	1302.	18	MONTHLY COMPENSATION	178.	28	CAUSE OF TERMINATION	—
9	LAST OCCUPATION	109.	19	SUBSEQUENT SERVICE MONTHS	120.	29	DATE OF TERMINATION	—
10	OCCUPATIONAL GROUP	13.	20	TOTAL SERVICE CREDITED	3600		TIME LAG	—

TO FINANCE: ERRONEOUS PAYMENT CASE

DEC 1 - 1947

Mr. Paul E. Nixon
23 Grand Avenue
Cumberland, Maryland

In reply refer to
R.R.B. No. A-333473

Dear Sir:

Under date of September 5, 1947 you were notified that you had been awarded an annuity under the Railroad Retirement Act of 1937, effective March 27, 1947, payable in the amount of $83.48 a month.

Subsequent to the award of your annuity, information was received that you were paid sickness benefits during a portion of the period for which you also received an annuity. Under the Railroad Unemployment Insurance Act no day in a period for which you are entitled to receive an annuity can be considered as a day of sickness for the payment of sickness benefits, unless such benefits for a registration period are greater than the annuity for the same period. If the sickness benefits are greater, they are payable only in the amount by which they exceed the annuity for the registration period.

From August 19, 1947 to September 1, 1947 you were paid sickness benefits and annuity payments. Since the sickness benefits were less than the annuity payments, the sickness benefits are recoverable. The total amount overpaid and recoverable is $28.00. Your annuity payments have been suspended effective November 1, 1947. The annuity accrual for the month of November has been applied toward the liquidation of the overpayment.

Within the near future you will receive a check for $55.48, representing your annuity accrual for the period November 1, 1947 to November 30, 1947, inclusive, less the overpayment of $28.00. Thereafter, regular annuity payments of $83.48 will be mailed to reach you on or about the fifth day of each month to cover the amount due for the preceding month.

Very truly yours,

FHoover:BGlass
November 14, 1947

John M. Callender
Director of Retirement Claims

FORM APPROVED
BUDGET BUREAU NO. 70-R169

RL-50b
(4-8)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

BUREAU OF RETIREMENT CLAIMS

SEP. 7 1948

Mr. Paul E. Nixon
23 Grand Avenue
Cumberland, Maryland

In reply refer to
R.R.B. No. A-333473
Inside Hostler
9441

FILE COPY

Dear Sir:

The annuity you are receiving was awarded under the Railroad Retirement Acts on the basis of permanent disability.

The Acts provide that such satisfactory proof of the permanent disability and of the continuance of such disability until age sixty-five shall be made from time to time as may be prescribed by the Board. If the individual fails to comply with the requirements prescribed by the Board as to proof of the disability or the continuance of the disability until age sixty-five, his right to an annuity by reason of such disability shall, except for good cause shown to the Board, cease, but without prejudice to his rights to any subsequent annuity to which he may be entitled.

Please answer the questions on the back of this letter, so that we may determine whether or not you are entitled to continue to receive a disability annuity. Your failure to furnish this information within thirty days from the date of this letter will result in the suspension of the annuity you are now receiving.

You are reminded that the completion of this form does not relieve you of the responsibility of reporting your earnings either in work for hire or in self-employment when your earnings exceed $75.00 per month for six consecutive calendar months or you engage in any such type or types of employment that you have not previously reported. We shall not acknowledge receipt of this form unless additional information is required from you.

Very truly yours,

A. R. Wells

John W. Calhoun

Acting Director of Retirement Claims

1. Describe any present disability or unfavorable condition in the state of your health. Periods when have loss of memory - unsteady - nervous.

2(a). Have you been treated by a physician during the past 12 months? yes If "Yes," give name and address of physician Clay E. Jarrett - 245 Va. Ave. Cumberland - md; and dates or approximate dates of such treatment observed periodically -

2(b). Are you now taking medicine? no If "Yes," state for what disability —

Has your treatment been continuous since you were awarded a disability annuity? observation

3. If you have not been under medical treatment during the past 12 months, give (a) date you last consulted or were attended by a physician July 15, 1948; (b) name and address of the physician as above.

(c) nature of disability for which you were treated Nervousness.

4. Are you now, or have you been during the past 12 months, engaged in any service for hire? no

If "Yes," give type of work —, name and address of employer —

and enter in item 6 below the amount of compensation earned in each month.

5. Are you now, or have you been during the past 12 months, engaged in self-employment? no

If "Yes," give type of self-employment —

and enter in item 6 below the amount of remuneration earned each month by reason of such self-employment.

6. If you are now, or have been, engaged in any service for hire or in self-employment, give amount of remuneration for each of the past 12 months:

YR.	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
19												
19												

Note: If this questionnaire is signed by mark (X), two witnesses who know the annuitant must sign below giving their full addresses.

(NAME)

(ADDRESS)

(NAME)

(ADDRESS)

RECEIVED SEP 13 1948 Railroad Retirement Board Communications Section

SECTION 208.25 PRIOR DECISION CONFIRMED AND CONTINUED

DATE 9-16-48 MEDICAL IS RECALL REQUIRED? yes

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

SIGNATURE OF ANNUITANT: Paul E Nixon

(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

DATE SIGNED Sept (MONTH) 10 (DAY) 48 (YEAR)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

FORM APPROVED
BUDGET BUREAU NO. 70-R169

RL-50b
(2-9)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

OCT 4 1949

BUREAU OF RETIREMENT CLAIMS

Mr. Paul E. Nixon
23 Grand Avenue
Cumberland, Maryland

In reply refer to
R.R.B. No. A-333473
Inside Hostler
9441

FILE ONLY

Dear Sir:

The annuity you are receiving was awarded under the Railroad Retirement Act on the basis of permanent disability.

The Act provides that such satisfactory proof of permanent disability, and of the continuance of such disability until age 65, shall be made from time to time as prescribed by the Board.

Please answer the questions on the back of this letter so that we may determine whether or not you are entitled to continue to receive a disability annuity. When you have completed the form, sign it in the space provided for your signature and return it to the Railroad Retirement Board, 844 Rush Street, Chicago 11, Illinois. Your failure to furnish this information within 30 days from the date of this letter may result in the suspension of the annuity you are now receiving.

You are reminded that the completion of this form does not relieve you of informing the Board if you earn more than $75 per month for six consecutive calendar months, either in work for hire or in self-employment, or if you engage in any type or types of employment that you have not previously reported.

Very truly yours,

A R Wells

A. R. Wells
Director of Retirement Claims

1. Describe any present disability or unfavorable condition in the state of your health. Blackouts - loss of muscle sensation

2(a). Have you been treated by a physician during the past 12 months? yes If "Yes," give name and address of physician Clay E. Jewett Cumberland md; and dates or approximate dates of such treatment monthly

2(b). Are you now taking medicine? no If "Yes," state for what disability —

Has your treatment been continuous since you were awarded a disability annuity? yes

3. If you have not been under medical treatment during the past 12 months, give (a) date you last consulted or were attended by a physician —; (b) name and address of the physician —

(c) nature of disability for which you were treated Cerebro - Spinal Syphilis

4. Are you now, or have you been during the past 12 months, engaged in any service for hire? no

If "Yes," give type of work — name and address of employer —

— and enter in item 6 below the amount of compensation earned in each month.

5. Are you now, or have you been during the past 12 months, engaged in self-employment? no

If "Yes," give type of self-employment —

and enter in item 6 below the amount of remuneration earned each month by reason of such self-employment.

6. If you are now, or have been, engaged in any service for hire or in self-employment, give amount of remuneration for each of the past 12 months:

YR.	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
19												
19												

Note: If this questionnaire is signed by mark (X), two witnesses who know the annuitant must sign below giving their full addresses.

(NAME)

(ADDRESS)

(NAME)

(ADDRESS)

PRIOR DECISION SECTION 208.25 CONFIRMED AND CONTINUED
DATE MEDICAL IS RECALL REQUIRED? LEGAL Yes

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

SIGNATURE OF ANNUITANT: Paul E Nipper
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

DATE SIGNED Oct (MONTH) 6 (DAY) 49 (YEAR)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

FORM APPROVED
BUDGET BUREAU NO. 70-R169.2

RL-50b
(12-9)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO 11, ILLINOIS

NOV 6 1950

BUREAU OF RETIREMENT CLAIMS

Mr. Paul E. Nixon
23 Grand Avenue
Cumberland, Maryland

FILE ONLY

In reply refer to
R.R.B. No. A-333473
Inside Hostler
9441

NOV 13 Rec'd

Dear Sir:

The annuity you are receiving was awarded under the Railroad Retirement Act on the basis of permanent disability.

The Act provides that such satisfactory proof of permanent disability, and of the continuance of such disability until age 65, shall be made from time to time as prescribed by the Board.

Please answer each question on the back of this letter so that we may determine whether or not you are entitled to continue to receive a disability annuity. When you have completed the form, sign it in the space provided for your signature and return it to the Railroad Retirement Board, 844 Rush Street, Chicago 11, Illinois. Your failure to furnish this information within 30 days from the date of this letter may result in the suspension of the annuity you are now receiving.

You are reminded that the completion of this form does not relieve you of informing the Board if you earn more than $75 per month for six consecutive calendar months, either in work for hire or in self-employment, or if you engage in any type or types of employment that you have not previously reported.

Very truly yours,

A R Wells

A. R. Wells
Director of Retirement Claims

RRB Chicago

1. Describe any present disability or unfavorable condition in the state of your health. Nervousness - Pounds of loss of memory

2(a). Have you been treated by a physician during the past 12 months? yes If "Yes," give name and address of physician Clay E. Jewett - Cumberland, md ; and dates or approximate dates of such treatment monthly

2(b). Are you now taking medicine? no If "Yes," state for what disability —

Has your treatment been continuous since you were awarded a disability annuity? yes

3. If you have not been under medical treatment during the past 12 months, give (a) date you last consulted or were attended by a physician —; (b) name and address of the physician —

(c) nature of disability for which you were treated Acute Spinal Syphilis

4. Since September 30, 1949, have you (a) been employed, or (b) earned compensation in self-employment? no If your answer is "Yes," give the following information; include self-employment and show "Self-Employed" under "Name and Address of Employer" for that kind of employment:

NAME AND ADDRESS OF EMPLOYER	EMPLOYMENT BEGAN	EMPLOYMENT ENDED	KIND OF WORK

5. Give amount of your earnings, if any, for all employment (including self-employment) for each month since September 30, 1949

YEAR	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
19												
19												
19												

NOTE: If this questionnaire is signed by mark (X), two witnesses who know the annuitant must sign below giving their full addresses.

(NAME)

(ADDRESS)

(NAME)

(ADDRESS)

PRIOR DECISION SECTION DATE July 50 MEDICAL IS RECALL REQUIRED

RECEIVED NOV 10 1950 CHICAGO

Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

SIGNATURE OF ANNUITANT:

Paul E Wilson

(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

DATE SIGNED Nov (MONTH) 9 (DAY) 50 (YEAR)

PENALTIES:.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY..... INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."